

HOUSE No. 2745

By Mr. Hynes of Marshfield, petition of Alice K. Wolf relative to the reporting of hospital-acquired infection rates. Public Health.

The Commonwealth of Massachusetts

In the Year Two Thousand and Five.

AN ACT KNOW AS THE HOSPITAL INFECTIONS DISCLOSURE ACT.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Short title. This act may be cited as the Hospital
2 Infections Disclosure Act.

1 SECTION 2. Definitions. For purposes of this Act:

2 (a) Division means the Division of Health Care Finance and
3 Policy.

4 (b) “Hospital” means an acute care health care facility licensed
5 under section 51 of chapter 111. Hospital affiliated and outpatient
6 surgical centers are also included.

7 (c) “Hospital-acquired infection” means a localized or systemic
8 condition (1) that results from adverse reaction to the presence of
9 an infectious agent(s) or its toxin(s) and (2) that was not present
10 or incubating at the time of admission to the hospital.

1 SECTION 3. Hospital reports.

2 (a) Individual hospitals shall collect data on hospital-acquired
3 infection rates for the specific clinical procedures determined by
4 the division regulation, including the following categories:—

5 (1) Surgical site infections;

6 (2) Ventilator-associated pneumonia;

7 (3) Central line-related bloodstream infections;

8 (4) Urinary tract infections;

9 (5) Patient race, ethnicity and primary language;

10 (6) Other categories as provided under subsection (d) of this
11 section; and

12 (b)(1) Hospitals shall submit quarterly reports on their hospital-
13 acquired infection rates to the division. Quarterly reports shall be
14 submitted, in a format set forth in regulations adopted by the divi-
15 sion to the division by April 30, July 31, October 31 and January
16 31 each year for the previous quarter. Data in quarterly reports
17 must cover a period ending not earlier than one month prior to
18 submission of the report. The first quarterly report shall be due
19 2007.

20 (2) If the hospital is a division or subsidiary of another entity
21 that owns or operates other hospitals or related organizations, the
22 quarterly report shall be for the specific division or subsidiary and
23 not for the other entity.

24 (c)(1) The Director of the division shall appoint an advisory
25 committee, including representatives from public and private hos-
26 pitals (including from hospital infection control departments),
27 direct care nursing staff, physicians, epidemiologist with expertise
28 in hospital-acquired infections, academic researchers, consumer
29 organizations, health insurers, health maintenance organizations,
30 organized labor and purchasers or health insurance, such as
31 employers. The advisory committee shall have a majority of
32 members representing interests other than hospitals.

33 (2) The advisory committee shall assist the department in the
34 development of all aspects of the division's methodology for col-
35 lecting, analyzing, and disclosing the information collected under
36 this act, including collection methods, formatting, and methods
37 and means for release and dissemination.

38 (3) In developing the methodology for collecting and analyzing
39 the infection rate data, the division and advisory committee shall
40 consider existing methodologies and systems for data collection,
41 such as the Centers for Disease Control's National Nosocomial
42 Infection Surveillance Program, or its successor, however the
43 division discretion to adopt a methodology shall not be limited or
44 restricted to any existing methodology or system. The data col-
45 lection and analysis methodology shall be disclosed to the public
46 prior to any public disclosure of hospital-acquired infection rates.

47 (4) The division and the advisory committee shall evaluate on a
48 regular basis the quality and accuracy of hospital information
49 reported under this act and the data collection, analysis, and dis-
50 semination methodologies.

51 (d) The division may, after consultation with the advisory com-
52 mittee, require hospitals to collect data on hospital-acquired infec-
53 tion rates in categories additional to those set forth in subdivision
54 (a).

1 SECTION 4. Division Reports.

2 (a) The division shall annually submit to the legislature a report
3 summarizing the hospital quarterly reports and shall publish the
4 annual report on its website. The first annual report shall be sub-
5 mitted and publish in 2008. The division may issue quarterly
6 informational bulletins at its discretion, summarizing all or part of
7 the information submitted in the hospital quarterly reports.

8 (b) All reports issued by the division shall be risk adjusted.

9 (c) The annual report shall compare the risk-adjusted hospital-
10 acquired infection rates, collected under section 3 of this act, for
11 each individual hospital in the state. The division in consultation
12 with the advisory committee, shall make this comparison as easy
13 to comprehend as possible. The report shall also include an execu-
14 tive summary, written in plain language, that shall include, but not
15 be limited to, a discussion of findings, conclusions, and trends
16 concerning the overall state of hospital-acquired infections in the
17 state, including a comparison to prior years. The report may
18 include policy recommendations, as appropriate.

19 (d) The division shall publicize the report and its availability as
20 widely as practical to interested parties, including, but not limited
21 to, hospitals, providers, media organizations, health insurers,
22 health maintenance organizations, purchasers of health insurance,
23 organized labor, consumer or patient advocacy groups, and indi-
24 vidual consumers. The annual report shall be made available to
25 any person upon request.

26 (e) No hospital report or division disclosure may contain infor-
27 mation identifying a patient, employee, or licensed health care
28 professional in connection with a specific infection incident.

1 SECTION 5. Privacy.

2 A patient's right of confidentiality shall not be violated in any
3 manner. Patient social security numbers and any other information
4 that could be used to identify an individual patient shall not be
5 released notwithstanding any other provision of law.

1 SECTION 6. Penalties.

2 A determination that a hospital has violated the provisions of
3 this act may result in any of the following:

4 (a) Termination of licensure or other sanctions relating to licen-
5 sure under chapter 111.

6 (b) A civil penalty of up to \$1,000 per day per violation for
7 each day the hospital is in violation of the act.

1 SECTION 7. Regulatory oversight.

2 The division shall be responsible for ensuring compliance with
3 this act as a condition of licensure.